

**DEDUCTIONS EFFECTIVE JANUARY 1, 2019**

PLAN/COVERAGE DESCRIPTION		MONTHLY PREMIUM	ADMIN. FEE	TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM- INCLUDES ORTHODONTIC BENEFIT				
For CCHP Alternate A Plan	Employee	\$45.90	\$0.92	\$46.82
	Employee + 1	\$116.35	\$2.33	\$118.67
	Family + 2 or more	\$116.35	\$2.33	\$118.67
For CalPERS Health Plans	Employee	\$45.90	\$0.92	\$46.82
	Employee + 1	\$116.35	\$2.33	\$118.67
	Family + 2 or more	\$116.35	\$2.33	\$118.67
Without a Health Plan	Employee	\$45.90	\$0.92	\$46.82
	Employee + 1	\$116.35	\$2.33	\$118.67
	Family + 2 or more	\$116.35	\$2.33	\$118.67
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Family + 2 or more	\$62.81	\$1.26	\$64.07
For CalPERS Health Plans	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Family + 2 or more	\$62.81	\$1.26	\$64.07
Without a Health Plan	Employee	\$29.06	\$0.58	\$29.64
	Employee + 1	\$62.81	\$1.26	\$64.07
	Family + 2 or more	\$62.81	\$1.26	\$64.07
VSP VOLUNTARY VISION PLAN				
	Employee	\$10.08	\$0.20	\$10.28
	Employee + 1	\$20.14	\$0.40	\$20.54
	Employee + 2 or more	\$32.44	\$0.65	\$33.09